



Business Change Form

Form 5208 C

Washington State Employment Security Department

USE THIS PAGE ONLY IF THERE HAS BEEN A BUSINESS CHANGE OR IF YOU DO NOT HAVE AN ES REFERENCE NUMBER

1) QTR ENDING DATE

M	M	D	D	Y	Y
---	---	---	---	---	---

2) CURRENT FEDERAL ID NUMBER

ENTER CORRECT FEDERAL ID NUMBER

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3) CURRENT UBI NUMBER

ENTER CORRECT UBI NUMBER

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4) ES REFERENCE NUMBER

--	--	--	--	--	--	--	--	--	--

5) IF THE MAILING ADDRESS OF YOUR BUSINESS HAS CHANGED, PLEASE ENTER NEW INFORMATION IN THE BOXES PROVIDED BELOW.

MAILING ADDRESS / PO BOX

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CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--

ZIP CODE

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☐ CHECK HERE IF THIS IS ALSO THE PHYSICAL LOCATION OF YOUR BUSINESS

6) CHANGE IN PRINCIPAL BUSINESS PHYSICAL LOCATION (IF YOU CHECKED THE BOX ABOVE, SKIP TO ITEM 6A)

STREET OR ROUTE NAME

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CITY

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STATE

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ZIP CODE

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6A) HAS YOUR PHONE NUMBER CHANGED?
IF YES, ENTER THE NEW NUMBER BELOW

AREA CODE

PHONE NUMBER

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BUSINESS E-MAIL ADDRESS

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7) ☐ CEASED BUSINESS - NO SUCCESSOR, PLEASE CLOSE ACCOUNT

8) ☐ CONTINUING BUSINESS - NO EMPLOYEES, PLEASE CLOSE ACCOUNT

9) ☐ NO LONGER HAVE WASHINGTON EMPLOYEES - PLEASE CLOSE ACCOUNT

10) ☐ CHANGE IN BUSINESS ACTIVITY (DESCRIBE) _____

11A) ☐ NAME CHANGE, SOLD, LEASED OR OTHERWISE TRANSFERRED BUSINESS:

☐ NAME CHANGE ONLY - OWNERSHIP DID NOT CHANGE. (COMPLETE NEW BUSINESS NAME BELOW)

☐ FULL SALE

☐ PARTIAL SALE

DATE OF SALE

M	M	D	D	Y	Y
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LAST DATE WAGES WERE PAID

M	M	D	D	Y	Y
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DATE LAST WAGES PAID

M	M	D	D	Y	Y
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CLOSE ACCOUNT
AS OF
WHAT DATE?

M	M	D	D	Y	Y
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12B) CHANGE IN BUSINESS ENTITY (COMPLETE NEW BUSINESS NAME AND UBI# BELOW)

☐ CORPORATION

☐ PARTNERSHIP

☐ LIMITED LIABILITY COMPANY (LLC)

☐ LIMITED LIABILITY PARTNERSHIP (LLP)

☐ OTHER

NEW BUSINESS NAME

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ENTER NEW UBI NUMBER

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NEW OWNER'S LAST NAME

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FIRST NAME

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AREA CODE

HOME PHONE NUMBER

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13) CHANGE OF OFFICERS OR PARTNERS (Enclose list of new and/or departing officers or partners with names, titles, SSN, home address and phone numbers.)

CHANGE FORM PREPARED BY - LAST NAME

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PREPARER'S FIRST NAME

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AREA CODE

PHONE NUMBER

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OFFICE USE ONLY

OFFICE NO.

STAFF ID

DATE

DTO